

Name: \_\_\_\_\_

Date: \_\_\_\_\_

English 5 \_\_\_\_\_

### **Independent Reading**

*Directions:* Fill in the information about your independent reading.

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Fiction or Nonfiction (circle one)

How do you know your text is fiction or nonfiction?

\_\_\_\_\_

List any text features your text has.

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

English 5 \_\_\_\_\_

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